

OCT 04 2006

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Date: Wednesday, October 04, 2006 Application No.: 10/813,518 Filed: 03/30/2004
Examiner Joanne Silbermann Art Unit 3611 Office Action dated 07/12/2006
In re the Application of: Michael Santa Cruz For: **HAND GESTURE RECEIVER**
Attorney Docket number: 256.100

CONFIRMATION OF ELECTION OF SPECIES

Commissioner for Patents
Alexandria, VA 22313-1450

Sir:

Confirming our earlier telephone communication to the Examiner, in response to the Restriction Requirement dated 07/12/2006, the applicant elects Species II, as recited in Claims 9 and 14. Applicant requests the Examiner cancel any claims directed to the non-elected species.

Respectfully yours,

Michael A. Shippey
Michael A. Shippey

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PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0851-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/613,518	
	Filing Date	03/30/2004	
	First Named Inventor	Santa Cruz, Michael	
	Art Unit	3811	
	Examiner Name	Silbermann, Joanne	
Total Number of Pages in This Submission	2	Attorney Docket Number	256.100

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Form SB 21 Transmittal = 1 page Election of species = 1 page		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	Michael A. Shippey	
Signature	<i>Michael A. Shippey</i>	
Date	10/04/2006	

CERTIFICATE OF TRANSMISSION/MAILING		
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